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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None CD

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None CD

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
Examiner's Signature _____ Initials _____					

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## TITLE

Stationery accessory system

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